Dear Referring Provider,

Thank you for referring your patient for evaluation services. To expedite the referral process, we are now using the enclosed referral form. Please use this form to accompany medical/other records that are sent with the referral.

Some important information regarding referred patients:

- The pediatric neuropsychologists at PDR primarily serve individuals from the ages of 3-22 years who have medical/neurological conditions and related neurocognitive problems. Neuropsychological evaluations are a part of medical management of these conditions.
- For individuals with suspected cognitive impairment (e.g., deficits in intellect, attention, language, memory, or processing/thinking speed) but no specific diagnosed medical/neurological condition thought to impact upon brain function, we may be able to obtain authorization for a psychological evaluation to assess cognitive and emotional/behavioral function.
- If the primary reason for referral is related to learning/academic problems, please refer the patient to his/her local school district for a psychoeducational evaluation.
- If the primary reason for referral is related to emotional adjustment and/or psychiatric symptoms, please refer the patient for a mental health evaluation elsewhere.
- If the primary question is about possible diagnosis of autism spectrum disorder, please refer the patient for a diagnostic evaluation with Developmental Behavioral Pediatrics (at RCH, fax records to 503-413-4719).

Thank you for the opportunity to care for your patients.

Sincerely,

Pediatric Neuropsychologists at Randall Children’s Hospital
Aimée Gerrard-Morris, Ph.D.
Sunita Nijhawan, Psy.D.
Corey Anderson, Psy.D.